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ABSTRACT

This paper summarizes research on teacher attitudes and performance under clinical supervision. The literature for comparative studies of inservice personnel (not student teachers) in elementary and secondary schools was extensively searched. The 19 complete and 4 in-progress studies reported are grouped as follows: (1) attitudes toward supervision, (2) effects of training, (3) personnel characteristics, and (4) student achievement. Eight studies examined teachers' attitudes toward supervision, comparing clinically and traditionally supervised groups or recording attitude changes over time. More positive attitudes were found under clinical supervision, but longer-term research is needed for conclusive findings. The six studies (including one in progress) on the effects of training, although difficult to categorize due to varied training emphases, demonstrated a need for adequate training. Five studies (including one in progress) examined characteristics of teachers and/or principals using clinical supervision. This avenue seems unpromising, though research focusing on behavior may be of use. The final four studies (including two in progress) attempted to relate clinical supervision to student achievement. Because of the many conditions affecting achievement, this area is very difficult to assess; the two works in progress may be significant. (MCG)

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CLINICAL SUPERVISION: DOES IT MAKE A DIFFERENCE?

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An extensive search of the literature on clinical supervision yielded 19 research studies and 4 works in progress which shed light on the question, "Clinical Supervision: Does It Make a Difference?" Studies using comparative measures conducted in K-12 school settings with inservice not preservice personnel were selected. These were grouped into 4 areas: attitudes toward supervision, effects of training, characteristics of school personnel, and student achievement. While many of the studies reported findings that tended to favor clinical supervision over other supervision practices, these findings were generally not statistically significant. More research is needed in all 4 areas before the question posed will be answered.

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CLINICAL SUPERVISION: DOES IT MAKE A DIFFERENCE?

The last paragraph of an article I wrote in 1980 entitled "Clinical Supervision: Some Signs of Progress" reads as follows:

> What needs to be done? Material is available on the concept of clinical supervision and implementation techniques. Studies of current field practices need to be compiled. Much is happening in the field that is not documented. Now we need to move into comparative research studies. The studies referenced in the publications noted above need to be carefully examined. COPIS members could assist in finding completed studies. Students and other researchers then should be encouraged to investigate areas where gaps are noted.
>
> (Pavan, 1980: 250-251)

This paper attempts to bring together the research studies on clinical supervision in order to answer the question, "Clinical Supervision: Does It Make A Difference?"

Computerized searches through Educational Resources Information Center (ERIC) from 1966 to August 1983, Social Science Citation Index (SSCI) from 1966 to August 1983, Dissertation Abstracts with unlimited time and a manual search covering a ten year period were conducted to obtain references for this project. A letter was sent to all COPIS members on October 7, 1983 to elicit their input. Some items were discovered serendipitously; noted by a student in a paper submitted to one, casually mentioned in conversation, or just stumbled upon while reading for another purpose.

Selections of research to be reported was based on the following considerations. Research was conducted in naturalistic settings in public and private schools using teaching supervisors, or administrators not student teachers. Teachers and students were in kindergarten to grade 12, not in higher education. The studies utilized pre-post test measures or an experimental-control group research design. In a few

cases, correlation studies are included, usually when using the same instruments as a study reporting difference measures.

The above criteria yielded 19 studies plus 4 works in progress. These have been grouped into 4 areas and are presented in the following order: attitudes toward supervision, effects of training, characteristics of teachers and principals, and student achievement.

Attitudes Toward Supervision

Eight of the clinical supervision research studies focus on attitudes toward supervision investigating differences between groups clinically vs. traditionally supervised or changes in attitude often the implementation of clinical supervision. Most of the studies reported more positive, though not necessarily statistically significant, attitudes often clinical supervision implementation.

Shuma (1973) supervised nine teachers, three of them clinically. Students noted changes in behaviors of the clinically supervised teachers. Teachers in the experimental group felt more positive about supervision, themselves, their profession, and were more self analytical.

Myers (1975) divided 32 teachers in 8 schools into an experimental group which received clinical supervision while the principals utilized their "usual general supervisory approach" for control group teachers. Teachers in both groups had similar self concepts, but the experimental group had more positive attitudes toward supervision.

No significant difference was found in the attitude toward supervision between the clinically supervised group and the control group in Arbucci's (1976) study of 25 teachers. Significantly more time was spent supervising the experimental group.

Reavis (1977) reported that supervisors in the clinical pattern

used or accepted teacher's ideas more frequently in post conferences than when working in the traditional pattern. Blumberg's Supervisor-Teacher Interaction System (S-TIS) was used to analyze conferences. These teachers had more favorable attitudes toward supervision especially the communication aspect.

Principals and teachers reported more positive perceptions regarding practices of observation, conferencing, and general supervision after the implementation of clinical supervision. Snider (1978) investigated changes for 8 principals and 24 teachers over a 3 month period.

Krajewski (1976) assigned 41 first year secondary teachers to control and experimental groups. All teachers were visited by the university supervisor for this intern program. In addition, 20 teachers in the experimental group had 5 clinical supervision cycles each utilizing 12 minutes of video taping analyzed in the Flander's Interaction Analysis System. The experimental group showed significant gains in indirect verbal teaching patterns. On the Minnesota Teacher Attitude Inventory (MTAI) the experimental group had positive gains while the control group lost. Students rated the experimental teaching group higher on the Stanford Teacher Competency Appraisal Guide (STCAG), but self ratings by both groups were similar.

The STCAG was used by Lafferty (1980) in studying secondary Catholic school teachers. Pupils noted no difference between teachers clinically supervised or those being supervised by regular policies. The experimental teachers' self appraisal improved after clinical supervision as did their attitude toward supervision.

Clapper (1981) randomly assigned 60 secondary teachers to 3 groups: peer clinical supervision, peer supervision, and control. After completing 3 supervision cycles, no significant differences appeared in results of MTAI for the two peer supervision groups on pupil-teacher relations. Results of the Purdue Teacher Evaluation Scale found peer supervision superior to no peer supervision in improving teacher competencies, but peer supervision rather than clinical supervision seemed the more important factor.

While these studies generally indicate more positive attitudes toward supervision as the result of the usage of clinical supervision; additional research spanning periods of more than a semester or a year is needed.

Effects of Training

Training in clinical supervision by itself or in conjunction with other training is investigated by 5 of the researchers and one study in progress. Results are more difficult to categorize as training emphasis differed in each study. Some also reported attitudes toward supervision.

Wiley (1980) let teachers of incarcerated adjudicated adolescents self select into the experimental group which received inservice and clinical supervision. Positive mean changes on attitudes toward teaching, students, and inservice were noted for the experimental group but these were not statistically significant.

Changes in supervisors' conferencing behavior and teachers' ratings of supervisor's behavior as more helpful were noted by Yarham (1972) after the completion of a self-instructional course. Data was derived from audio tapes of conferences at beginning and completion of the study.

Faast (1982) found 125 Des Moines teacher evaluators more proficient in lesson plan analysis, data collection, conferencing skills, and writing

summative reports after a training program in these skills. Teachers perceived these evaluators as less dominant and hostile and more agreeable and nurturant in the supervisory conference.

Karolyn Snyder has shared her 1982 study with COPIS colleagues at one of our previous meetings. When she compared participants with 1-4 days training to those with 10 days (Greensboro, N. C.) significant differences were found. In the district with more training:

1) Central office were more involved
2) Classroom observation was for coaching not evaluation
3) During the preobservation conference, teachers and observers agreed on specifics to be observed and data collection useful to the teacher
4) Teachers were provided data on what did and did not work during the observation
5) A specific model of good instruction is used.

Joyce (1982) used Hall's Concerns Based-Adoption Model and Stages of Concerns Questionnaire with 4 principals and their teachers. Teachers were more apt to use clinical instruction when principals used clinical supervision. Users and nonusers of clinical instruction were at similar Stages of Concern. Teachers at higher levels of use had relatively low stage concerns.

A study in progress by Sarah Bisbee utilized this same model and obtained similar puzzling results with 19 teachers and the principal as researcher. Clinical supervision was adopted by the district one year prior to her study. During the 6 months of her study, 2 clinical supervision cycles were conducted with each teacher and inservices on teacher effectiveness were held.

At the close of the study:

11 teachers were at the Awareness Stage (0)
0 at the Informational Stage (1)
4 at the Personal Stage (2)
4 at the Management Stage (3)
1 at the Consequence Stage (4)
0 at Collaboration Stage (5)
0 at Refocusing Stage (6)

Only 8 of the 19 teachers had moved to a higher stage and 3 had moved down to the Awareness Stage. Bisbee had expected a profile which indicated teachers as experienced users, but results generally showed teachers reacting as nonusers or inexperienced users.

These two studies probably help document the need to take much more time in the implementation of an innovation. Bisbee found a positive attitude change toward clinical supervision in the six months, but only 1 of 24 items was statistically significant, teachers are now more comfortable when the principal writes while observing in the classrooms. The need for adequate training in clinical supervision is demonstrated by these 5 studies and also noted in many of the other reports cited in this paper.

Characteristics of Teachers and Principals

Four studies investigated the characteristics of teachers and/or principals in relationship to usage of clinical supervision. A study in progress to be reported also has this major focus.

Kerr (1976) measured the amount of change in classroom teaching patterns by analyzing pre and post audio tapes using Flanders Interaction Analysis System of 20 teachers receiving clinical supervision. Teachers moved from direct to indirect teaching patterns regardless of level of open mindedness as determined by Rokeach Dogmation Scale. However, the more open-minded teachers showed greater willingness to communicate with the supervisor.

Woodruff (1982) reported positive mean gain scores in self-analytical and self-directive teaching characteristics were registered by those in the clinical supervision group and the mean gain scores were greater than those in the resource supervision group. These results were not statistically significant and not related to effective teaching performance.

Teachers selecting clinical supervision over the "traditional evaluation" in one school district were reported by Winn (1981) to be more flexible, more tolerant, and more achievement via independence oriented as determined by the California Psychological Inventory. These teachers tended to be below 30 years of age, female, and teach primary grades. Their principals were high on responsibility, self acceptance, and achievement via independence.

Witt (1978) surveyed teacher perceptions of 18 administrators' supervisory conferencing behavior and leadership dimensions using a revised Blumberg-Amidon Supervisor-Teacher Interaction Scale (STIS) and Halpin and Winer's Leadership Behavior Description Questionnaire (LBDQ). No relationships between the leadership dimensions of consideration and initiating structure with the usage of directness or indirectness in the clinical supervisory conference were obtained. All scores for all administrators on both instruments fell within a 14 to 15 point range which indicated similar behaviors for all administrators in the study.

A study in progress by Sarah Moore seeks to determine the relationship between the leadership characteristics of elementary principals and usage of clinical supervision practices. The instruments used were the LBDQ and a revised version of Snyder's Clinical Supervision Questionnaire (1982). A dozen COPIS members provided input on the original version which was also piloted on three groups of teachers, supervisors, and principals who had not received training from Snyder. The word clinical was removed in all places and the survey retitled Supervision Practices to remove possible bias toward clinical supervision. The final survey instrument, which was sent to the Superintendent, Principal and teachers in a random sample of elementary schools in Pennsylvania, was combined with the LBDQ and used that format except for a few items.

Fifty complete sets including the principal, the superintendent and at least 3 teachers from each school were received during Spring 1983. Preliminary results show a statistically significant (p of at least 0.002) relationship between leadership dimensions of elementary principals and their practice of clinical supervision as reported by their superintendents, their teachers, and the principals themselves. Further analysis will look at school district and school information, personal background of respondants, and detail clinical supervision practices in the participating schools.

Continued research on teacher and supervisor characteristics as related to clinical supervision implementation may not prove fruitful, as it has not in other areas. In most situations the present personnel must be utilized as one is not able to select personnel according to their traits. However, research which focuses on the behaviors which facilitate clinical supervision, employing instruments such as the LBDQ and STIS, may be most useful as supervisors can be taught to use new behaviors.

Student Achievement

The relationship between clinical supervision and student achievement is probably the most difficult, if not impossible, to determine given the enormous number of possible intervening variables. Only two researchers have published reports on this relationship, but two studies are currently in progress.

An Orange County, California study sought teachers' and principals' perceptions of the effects of a Hunter Instructional Theory into Practice (ITIP) inservice on student and teacher performance. Among Congdon's (1979) many findings was this: "There was no significant difference in student reading performance on the California Assessment Program in grades 2,3,6 and 12 during the period from 1974-1978 as compared with the number of principals and teachers trained in the ITIP Program during that period" even though teachers and principals believed student achievement was increased.

Huskey (1977) utilized language arts gain scores on the Comprehensive Test of Basic Skills to test the hypothesis that third or sixth grade children in classes of clinically supervised teachers would achieve more than matched third or sixth grade children in classrooms of traditionally supervised teachers. Ten third grade and ten sixth grade teachers participated with five of each grade level randomly assigned to either treatment or control groups by coin toss. In the six participating schools, treatment and control teachers were paired by grade level with four male and four female students in each treatment class matched with four male and four female students in each control class. The eighty students involved at each grade level were therefore divided equally between treatment and control groups. Three observations were completed for each treatment and control teacher. Treatment and control teachers received about the same amount of supervisory time. An analysis of variance on the language arts gain scores from April 1976 to April 1977 resulted in no significant difference for either grade level or either gender.

COPIS member Kenneth Wilburn is conducting a two year research project he began in September 1982 with his colleague, Robert Drummond. Peer teachers utilizing clinical supervision will be assisting new teachers in Florida to obtain teaching competencies needed to obtain regular teacher certification. Data will be collected on attitudes and behaviors of peer and beginning teachers along with data on student achievement and pupil behavior. This data should be most interesting to analyze.

Larry Anderson is beginning a study to determine if clinical supervision makes a difference in the standardized reading and mathematics achievement scores of second and fifth grade students. The treatment group will consist of the thirteen principals in a six county area of Pennsylvania willing to participate in the study who recorded the highest clinical supervision scores on the Snyder's revised instrument in Moore's Study and the thirteen second

and thirteen fifth grade teachers and their classes whom the principals are clinically supervising. The control group will be composed of the same thirteen principals and the thirteen second and thirteen fifth grade teachers and their classes whom the principals are supervising in their districts normal, non-clinical, method. Each of the participating thirteen principals will supervise two second and two fifth grade teachers. One of each pair will be a member of the treatment group, and the other half of the grade pair will be a member of the control group. In each grade pair the teacher whose name is first alphabetically will be assigned to the treatment group, the other teacher will be assigned to the control group.

The pre and post test measures with one year time difference will be student achievement scores controlled for differences in intelligence. Additional clinical supervision training will be provided to the principals and logs will be kept to determine if treatment and control teachers were supervised differently. Principals will be selected within driving range so schools may be visited for data collection, interviews, and observations needed to verify treatments.

These two works in progress may help shed light on the relationship of clinical supervision to student achievement. Longitudinal studies are needed with larger samples in different geographic areas. This would make an excellent COPIS project even if each one of us would enlist the cooperation of only one principal.

Conclusion

At this time it is clear that there is no definitive answer to the title question, "Clinical Supervision: Does It Make a Difference?" In none of the four areas: attitudes toward supervision, training effects, characteristics of professional staff, or student achievement; has research been complete which answers that question. Nearly all the research has been conducted as doctoral

dissertation research with the necessary time constraints incumbent upon the researcher who wants to gain a degree. More gaps are evident than conclusive research.

And what if we do find that clinical supervision makes a difference? Implementation problems continue to plague practitioners with time being a common problem reported. Another issue, that of the school setting, must also be considered. Fowler-Finn (1980) reported that there is a complementary relationship between a healthy school climate and the implementation of a high quality clinical supervision model. McFaul (1982), whose dissertation won the ASCD supervision award in 1983, indicated that the assumptions and procedures of clinical supervision are incompatible with an urban school setting. She found isolation, fragmentation, stratification, standardization, reactionism, time constraints, the principal's behavior, teachers who avoided analytical postures (unable, unwilling?) and used simple solutions creating an ethos in which clinical supervision could not be implemented. Ethnographic studies of the school environment's impact on clinical supervision implementation are also needed.

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